Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER THAN		
TOTAL CLAIMS		(13 · 13 · 1 · 1		(COIG			RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NÜMB	NUMBER EXTRA		BASIC FEE		OR	BASIC FEE	7.10.00	
TOTAL CHARGEABLE, CLAIMS		ነ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		X\$ 9=	A Administration of the	OR	X\$18≟		
INDEPENDENT CLAIMS			s: sil , mi	nus 3 =		-		X40=	A SAN LINE OF	11.3	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							-	1. 10 mag	A. Washing	OR	4/10th, 22	4 4 4 4 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		+135=	6 A Law is	OR	+270=	169年前
			MENDED - PART II					TOTAL	Ar visit i	OR	TOTAL	THAN:
	深對國際基本中以及在10	(Column 1)	(Column 2) (Colum			(Column 3)	_	SMALL	ENTITY	OR.	SMALL	T17+
ENT A		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL	(1) (1) (1) (1)	RATE	ADDI- TIONAL
ENDME	Total	AMENDMENT 20	Minus	PAID	والمرقة أورائي	= Ø	-	X\$ 9=	意 FEE		X\$18=	FEE
MEN	Ind pendent	· 3	Minus	***	3	= B	-	X40=	新疆	OR	X80=	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								7.	OR	• • • •	
	Note the constraint						L	+135= TOTAL	5 [*	OR	+270= TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE		OR	ADDIT. FEE	
	4. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Column 1) CLAIMS		HIGH	EST	(Column 3)	1 г	5	ADDI-	١. ١		ADDI-%
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID		PRESENT EXTRA		RATE	TIONAL FEE	17	RATE	TIONAL FEE
	Total		Minus	**		=		X\$ 9=	mil per mile ag	OR	X\$18=	
AME	Independent	AUTATION OF MI	Minus	***	01.4114	-	┇┋	X40=		OR	X80=	
	rinoi Pricoc	NTATION OF MU	LIPLE DEF	ENDENT	CLAIM		」	+135=		OR	+270=	
							L	TOTAL			TOTAL	
٠.٠.		(Column 1)		(Colur	nn 2)	(Column 3)	Ai	ODIT. FEE			ADDIT. FEE	.
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		= '		X\$ 9=	,	OR	X\$18=	
AME	Independent	•	Minus	***		=		X40=		OR	X80=	. 1
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		♪ ├					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR +270= TOTAL OR ADDIT FEE												
***	If the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pai	id For" IN THI	S SPACE is	s less thar	n 3, enter "3."	^_	DIT. FEE	ropriate box		ADDIT. FEE	

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